

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN528S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/07/2009
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 PLUMAS RENO, NV 89509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 23119 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 9/29/09 and finalized on 10/7/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00023054 was substantiated with deficiencies cited. (See Tags Z230 and Z266)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z230 SS=D	<p>NAC 449.74469 Standards of Care</p> <p>A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.</p>	Z230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z230	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 23119 Based on record review and interview the facility failed to ensure a resident was transported safely by wheelchair for 1 of 3 residents (Resident #1). On 9/2/09, Resident #1 was being transported by a wheelchair without footrests and her foot caught in the wheelchair and caused pain to her knee. Severity 2 Scope 1	Z230			
Z266 SS=G	NAC 449.74477 Pressure Sores Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that a patient: 2. With pressure sore receives the services and treatment needed to promote healing, prevent infection and prevent new sores from developing. This Regulation is not met as evidenced by: Surveyor: 23119 Based on record review and interview the facility failed to ensure skin assessments were conducted and treatment provided to a pressure sore for 1 of 3 residents (Resident #2). Findings include: Resident #2 was admitted to the facility on 7/17/09 following a hospital admission with diagnoses that included diabetes, chronic kidney disease, neuropathy, and vasculopathy. Resident #2's record was reviewed and revealed she had a long recovery following her admission to the hospital for respiratory failure. She was to	Z266			

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Z266	<p>Continued From page 2</p> <p>be discharged home from the facility on 9/29/09. On 9/25/09 at 4:45 PM, the nurse noted an unusual smell in the room and asked the resident to shower. Resident #2 declined as she did not feel well. At 5:45 PM, the nurse was summoned to the room and noted "Right lateral heel with open area blackened in color and foul-smelling. Whole foot is swollen, and warm to touch. Very faint pedal pulses." The physician was notified and the resident was transferred to the hospital.</p> <p>Resident #2's care plans were reviewed and failed to reveal a care plan for preventive skin care related to the diagnoses of diabetes, chronic kidney disease and vasculopathy. There was one care plan related to a skin excoriation on the buttocks initiated on 7/22/09. Review of the weekly skin checks on the medication administration records revealed none were marked as done for July 2009 or August 2009; 9/1/09 and 9/8/09 were marked as done for September 2009.</p> <p>On 9/29/09, the Director of Nurses (DON) was interviewed. She reported the certified nursing assistants (CNAs) performed skin checks while showering the residents. The CNA documents any reddened, bruised, or open areas on the skin worksheet. The CNA also documents if the resident refused a shower on the worksheet. Review of the CNA skin worksheets for Resident #2 revealed the skin was marked as normal on 9/22/09, and the resident had refused a shower that day. The previous skin worksheets were marked as normal. The skin worksheet dated 8/25/09 noted redness on the buttocks.</p> <p>The DON confirmed there was no nursing documentation that Resident #2's skin had been checked weekly with the exception of 9/1/09 and</p>	Z266			

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Z266	<p>Continued From page 3</p> <p>9/8/09. The DON confirmed there was no care plan for preventive skin care for Resident #2.</p> <p>Review of Resident #2's record from the acute care hospital revealed she was admitted on 9/25/09. A vascular consult was done for the necrotic wound on her heel and revealed the resident had severe peripheral arterial disease with tissue loss. "The patient will need revascularization for a limb salvage." The history and physical revealed the resident told the admitting physician the wound had been there for about two months. She told him she did not tell anyone as she did not think it was important.</p> <p>It is unknown when Resident #2's heel began to break down. The facility did not document weekly skin checks done by nursing. The skin worksheet completed by the CNA on 9/22/09 was marked as normal. On 9/25/09, the wound was noted as open with foul smelling drainage and blackened in color.</p> <p>Severity 3 Scope 1</p>	Z266			

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